

do this or that particular thing and yet she was unable to do it, because of lack of funds. Had there been no follow-up nurse, the physician's orders could not have been carried out and the baby might have died. This will explain some of the items in my report. It is very gratifying to state that the work has been such that Bellevue at the end of four months was most willing to provide the nurse and now one of its own graduates is following out our plan. Often my work was very heavy and seemed more than one nurse could handle, but because of the support and counsel of Mrs. Helene Ingram, our very efficient Superintendent of Relief, my capacity for service was doubled.

During the summer the Association for Improving the Condition of the Poor placed a field nurse at the New York University and Bellevue Medical College Dispensary. Dr. J. Dodge Peters made an application for the same work to be taken up at Roosevelt Dispensary, and I am now located there, trying to establish a permanent field service.

I consider this work one of the greatest instruments of educational prevention. Families are reached that could be reached in no other way. In going into a house I have not confined my work to the case in charge, but have looked after any case that may have come to my notice. I received very hearty co-operation from the United Hebrew Charities, New York Diet Kitchen Association, Children's Aid Society, and from many hospitals and dispensaries. Possibly one of the most valuable results of field work is that it brings many kindred institutions into co-operation for the conservation of life.

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### CARE OF THE CONVALESCENT \*

By MARY G. CARPENTER, R.N.

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THE experience and practice of nurses in training in general hospitals is largely confined to the nursing of patients during the acute and early convalescent stage of their ailments, at which latter point they usually leave the hospital. The busy nurse on general duty has not much time to devote to the entertainment of convalescent patients. She gets more or less theoretical instruction on the subject from her superintendent, and this is valuable in as far as it goes. However, most graduate nurses will agree with me, I believe, in saying that the practical work of nursing, the work the nurse was trained to do daily, the

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actual routine nursing of her patients, made a deeper and more lasting impression upon her memory than any theoretical teaching she may have had. Taking this for granted, we find the nurse, at graduation, fully equipped to give intelligent and thoroughly competent care to an acutely ill patient. This she *does*, and brings him safely through to convalescence.

Here, you may tell me, most frequently ends the nurse's connection with the case. Very true! But what of those more infrequent cases where her services are required during several weeks of a tedious convalescence or where the patient has ample means and wishes to treat himself to the *luxury* of a nurse's attendance, though it may not be absolutely necessary to his welfare? It is here that the nurse begins to feel out of her element and at a loss just how to proceed.

When the patient approaches the physically normal, his brain wakes up and demands entertainment. The long, weary days must be gotten through in the way most beneficial to the mental as well as the bodily health of the patient. In order that this may be accomplished the nurse must furnish a variety of light entertainment suited to the mental condition and capacity of her patient. If the patient be a child, the task seems a comparatively easy one. If he be a man of deep intellect and one who has kept abreast of the affairs of the world, the nurse may often find herself at a loss to satisfy and content his mind. Be she so fortunate as to have had the advantages of a broad education, and the added benefits derived from extensive travel, she has a wide range of material to draw upon. She meets him upon his own mental plane, and the result is that both patient and nurse find the hours filled with profit as well as pleasure.

But what of the nurse who has not been blessed with the advantages of wide travel and generous education? Is there nothing she can do to make herself more acceptable to this class of patients? Does she, as a rule, attach enough importance to the reading of improving literature, to the attendance upon lectures, concerts and similar functions, all of which tend to elevate her thoughts and have a refining influence upon her whole personality? Does she aim to keep in touch with current events? The work of nursing is such a tax upon both physical and mental strength that often the nurse, in her leisure hours, may feel unequal to the grasping of anything but the lightest fiction. But to read fiction to the exclusion of all other matter means to deteriorate mentally. It makes its impression for the passing hour and leaves but little useful residue. The great events shaping themselves from day to day in the history of the world should interest the nurse, and she should

know enough of such matters as to be able to discuss them intelligently when occasion arises. With the long hours devoted to thoughts of her work, the nurse's mind, when she is off duty, needs complete change of food, and between cases she should avoid as far as possible talking "shop" and should endeavor to add some new treasure to her mental storehouse. The works of the standard poets contain many sublime thoughts, and the nurse, in committing these to memory, will not only derive pleasure for herself, but will be acquiring the means of giving pleasure to her patients. She will be lifted above the plane of practicality upon which she must dwell for so great a share of her time and will approach more nearly the spiritual state of mind for which we all hunger at times.

As we have shown that there is considerable demand for nurses who are qualified to combine a knowledge of practical nursing with the art of entertaining, and as there is a minimum amount of physical strain combined with a maximum amount of remuneration involved in this demand, it would seem to be worth a nurse's while to expend some time and money, if necessary, in order to fit herself for such work.

The ability to read aloud well is to some persons a gift, while to others it is acquired. To be able to read aloud, in a pleasant and well-modulated voice, is to give untold pleasure to those dependent upon her for this service. Would not a few lessons in elocution or dramatic expression be helpful? To some, this may seem extreme, but from my viewpoint it would be a good investment. To occasionally vary her practice by being able to acceptably fill the requirements of a case in which is demanded mental companionship rather than bodily care would go far toward prolonging the working years of a nurse's life.

Let us consider another class of patients to which the nurse is not infrequently called. These are not so much sick in body as feeble in mind, yet having enough mental vigor to demand entertainment and diversion.

Perhaps you will pardon me if I tell you of such a case of which I once had charge. The patient was a young woman twenty-three years of age, who since her twelfth year had been a subject of epilepsy. The attacks were light, but frequent, sometimes three or four a day. Her mind had not developed with her body, and when I first knew her she compared mentally with a child of twelve or fourteen years of age. Her games and amusements had to be selected with a view to her mental capacity. She was fond of being read to and demanded a great deal of her companion along this line.

For many months the patient and I lived together among strang-

ers, living for a few months in one place and then moving on to another. Because of her frequent seizures she avoided people, and thus she and her companion were almost wholly dependent upon each other for mental stimulus. Because of her peculiar mental condition strangers did not seek our society. She was not in a condition to be left alone, therefore you will understand that, in a sense, I was never able to get out of her company. For years she had been entertained and amused almost constantly during her working hours, and if left to her thoughts for any length of time would grow morose, refuse to eat, take to her bed and stay there for days. This was to be prevented at any cost. Long walks and drives daily were part of the doctor's program for her treatment. Living thus for months, with no time for *reading* or *even thinking*, the nurse found the mental stagnation almost unendurable, and her resources for amusement to the patient falling low. The patient required the nurse to retire at a certain hour each night on the plea that otherwise it disturbed her (the patient's) rest. She must be humored.

At last, in desperation, I hit upon a plan to relieve my own mental hunger and at the same time, I hoped, to acquire a new source of amusement for the patient. I bribed her to extend my time for retiring by one hour by explaining that the time was spent in preparing a new pleasure for her. During several evenings I succeeded in memorizing Bryant's "Thanatopsis," which is a great favorite of mine. This gave me plenty of mental exercise, as it was rather difficult to memorize. However, this was at last accomplished, and one morning, while out upon our regular five-mile "tramp" I mounted a stump in the woods and proceeded to declaim "Thanatopsis," making it as impressive and dramatic as I could. To my unbounded joy, the patient was delighted with the performance and asked for more. I dragged up from the memory of far-away school-days such gems as "The Barefoot Boy," "The Battle of Waterloo," passages from Whittier's "Snow-Bound," "The Cotter's Saturday Night," Longfellow's "Evangeline," "Hiawatha," "The Prisoner of Chillon," and numerous other selections.

It was astonishing how the reciting of these selections diverted and entertained the patient. For the most part the sentiments embodied in them were far beyond her comprehension, but she seemed to enjoy any dramatic expression, and where this was not called for I introduced it as far as possible, as it seemed to please so well. You cannot know the pleasure I received in committing this matter to memory. It relieved the awful mental stagnation and answered as new amusement to the patient.

Such patients as this do not come often to a nurse, but some one

must care for them, and it is necessary to be resourceful if you would succeed. We are called upon in our capacity as nurses to fill so many different positions—nurse, companion, comforter, teacher, preacher, and many others. So then let us each day lay up some new treasure to be brought forth and used in the hour of need.

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## HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

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(Continued from page 266)

THE small family whose members are workers outside the home usually finds it more practicable to buy bread than to make it. It is more economical of time and strength, if not of money. Bread-making is an industry which perhaps ought to be carried on outside the home, and wherever good, wholesome bread can be purchased, it is undoubtedly wiser to buy it than to insist upon having the home-made product. The great trouble with the professional baker is that he wants to get his bread out of the oven as soon as possible after he puts it in. As a result we have quickly baked loaves of a pale color, or loaves nicely colored, but underdone inside. Bread baked too quickly is flavorless as well as unwholesome.

It is a satisfaction to be able to make a good loaf of bread if the necessity arises, or if the whim takes one to have some of the home-made article. Here is a recipe for making two loaves.

Bread.—One cup milk, one cup water, one and one-half teaspoons salt, one yeast cake (compressed yeast), two tablespoons cold water, bread flour to make a dough. Scald the milk; put the salt into a mixing bowl, and add milk and water; when wetting is lukewarm (100° F.), add the yeast, mixed thoroughly with two tablespoons cold water. Sift over this mixture enough flour to make a batter that will drop easily from a spoon. It will take about three cups. Stir in the flour and beat the batter until it is smooth and full of bubbles. Then add gradually enough more flour to make a stiff dough, working in each addition thoroughly with the spoon. Sprinkle a little flour on the moulding board and on the palms of the hands. Turn the dough out on the board and knead. Lift the dough frequently and sprinkle more flour on the board. Do not let it stick to the board or the hands. To knead dough, put the ends of your fingers under the edge of the dough farthest from you and fold it over towards the centre; press down and away from you